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For An Authorized Committee

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FRIENDS OF PHIL	WYMAN, COMMI.	TTEE .					22
ADDRESS (number and street) Check if different than previously reported. (ACC) FEC IDENTIFICATION NUCLEUR C 0 0 2 5 7 9 1	P.O. Box: TEHACHAPI MBER ▼ 3.	CITY	NEV (N)	S:	TATE AMENDE	581 - 0665 ZIP CODE A STATE ▼ DIS	
4. TYPE OF REPORT (Cho (a) Quarterly Reports: April 15 Quarterly Re July 15 Quarterly Re xx October 15 Quarterly January 31 Year-End Termination Report (eport (Q1) eport (Q2) y Report (Q3) d Report (YE) (c)	Control on	Election Rep Primary (12F Convention M M General (300)	(12C) (12C) (port for the:	General (120 Special (129 Y Y Y Y Runoff (30R)	in the State of	
5. Covering Period I certify that I have examined this Type or Print Name of Treasurer Signature of Treasurer NOTE: Submission of false, errone Office Use	Report and to the	KOVACH KOVAV	h	Da	te 1.0		